



Receipt

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of)
Drew)
Application No. 09/664,919)
Filed: September 18, 2000)
For: METHOD AND APPARATUS FOR
MINIMIZING FILE SCANNING BY ANTI-
VIRUS PROGRAMS)

Examiner: Hayes, Gail

Art Unit: 2131

RECEIVED

NOV 12 2002

Date: October 18, 2002

Technology Center 2100

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on October 18, 2002.

Signed: Erica L. Farlow

Erica L. Farlow

REQUEST FOR CORRECTED FILING RECEIPT

Commissioner for Patents
Box: Assignment
Washington, D.C. 20231

Sir:

Enclosed is a copy of the Filing Receipt for the above-identified patent application. Please reprint the Filing Receipt as follows and mail the corrected copy to the undersigned.

Change the correspondence address from "KENNETH WATOOV ESQUIRE, WATOV & KIPNES PC, P O BOX 247, PRINCETON JUNCTION, NJ 08550" to --28875, SILICON VALLEY IP GROUP, LLC, P.O. BOX 721120, SAN JOSE, CA 95172-1120--.

Change the Attorney Docket Number from "1122.1.005" to --NAI1P194/99.115.01--

The Commissioner is authorized to charge any fees that may be due to Deposit Account 50-1351 (Order No. NAI1P194/99.115.01).

Respectfully submitted,
Silicon Valley IP Group, LLC

Kevin J. Zilka
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COPY

UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY.DOCKET.NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/664,919	09/18/2000	2184	846	1122.1.005- NA11P194/99.115.01	4	14	5

28875. Silicon Valley IP Group, LLC.

Kenneth Watov Esquire P.O. Box 721120
 Watov & Kipnes PC
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 Princeton Junction, NJ 08550

FILING RECEIPT



OC000000005554399

Date Mailed: 11/14/2000

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

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Applicant(s)

Jeffrey M. Drew, Middletown, NJ ;

NOV 12 2002

Continuing Data as Claimed by Applicant

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NOV 20 2000

Foreign Applications

If Required, Foreign Filing License Granted 11/14/2000

Title

Method and apparatus for minimizing file scanning by anti-virus programs

Preliminary Class

714

Data entry by : KASSA, ASRAT

Team : OIPE

Date: 11/14/2000





Page 1 of 1
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Bib Data Sheet

CONFIRMATION NO. 4381

SERIAL NUMBER 09/664,919	FILING DATE 09/18/2000 RULE	CLASS 714 713	GROUP ART UNIT 2101 2136	ATTORNEY DOCKET NO. NAI1P194/99.115.01
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APPLICANTS

Jeffrey M. Drew, Middletown, NJ;

**** CONTINUING DATA *******

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 11/14/2000

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NJ	SHEETS DRAWING 4	TOTAL CLAIMS 14	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	<i>John Doe</i> Examiner's Signature	<i>ce</i> Initials			

ADDRESS

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TITLE

Method and apparatus for minimizing file scanning by anti-virus programs

FILING FEE RECEIVED 846	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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